24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
AMERICANS FOR COMMON SENSE	C C00562413
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report filed	
Full Name of Payee PSB Group	Date of Public Distribution/Dissemination
Mailing Address 1838 Second Ave	06 09 7 2014
Ste 234	Amount
City State Zip Code	118721.00
New York NY 10128	Transaction ID : SE.4164 Date of Disbursement or Obligation
Purpose of Expenditure Advertising Services Category/ Type	06 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 01
LEE MICHAEL ZELDIN Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
<u></u>	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Galorida Todi To Bato	ursement For: Primary General
Per Election for Office Sought	Other (specify) -
(a) CURTOTAL of Hamined Indonesia to Comparatives	110701.00
(a) SUBTOTAL of Itemized Independent Expenditures	118721.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
2 410	06 10 2014
Signature	

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: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: F24N Transaction ID:

Runs 6/9-6/15

Form/Schedule: Transaction ID: